

June 19, 2014

Department of Health Care Services

Delivered via email to info@calduals.org

CC: Margaret Tatar, Margaret.tatar@dhcs.ca.gov; Hilary Haycock, Hilary@harbageconsulting.com

Re: Comments on the Re-released Cal MediConnect 90, 60, 30-day Notices and Choice Booklet

Greetings:

Thank you for re-releasing the Cal MediConnect 90, 60, 30-day Notices and Choice Booklet for stakeholder review. We appreciate the opportunity to comment on these revised documents. We applaud the steps that the Department of Health Care Services (DHCS) has taken to revise the notices and booklet, and we believe that the beneficiary testing process will ultimately create documents that will allow some beneficiaries to effectuate their choices and will mitigate their confusion.

We have reviewed the notices and the booklet, and we have attached redlined comments of all the documents for your reference. Although we believe that the documents are improvements from those currently being used, we still have some concerns.

First, language should be included in the 60-day notice that informs the beneficiary of the pending Part D disenrollment notice. The reason why the insert was included was because the earlier version of the 60-day notice did not mention it. Informing beneficiaries of the disenrollment notice and referring them to the insert will help mitigate confusion. We have included suggested language for that purpose.

Second, the notices should be structured consistently. For example, as currently drafted, the 90 and 30-day notices contain two numbered options, with the second option having three letters. However, the 60-day notice description of options does not have any numbers and contains only three lettered options.

Third, the notices should direct beneficiaries that if they choose PACE, they must also choose an alternative should they be found ineligible. This instruction is found only within the PACE option on the choice form. Both the notices and the choice form create further confusion about the PACE option because both specifically direct beneficiaries to "choose one option" when, in fact, those choosing PACE must choose two options.

Fourth, we are concerned that the earlier deadlines to opt-out provided in the notices, both the current and revised ones, may serve as an impediment to beneficiaries having sufficient time to make an informed choice. Although we understand allowing time for mailing and processing, we are particularly

concerned about beneficiaries who require alternative formats or languages and first do so only after receipt of the 30-day notice. This may leave beneficiaries with less than a month to make a choice.

Finally, while the chart of phone numbers and beneficiary resources is helpful, the “Get this letter in another language, large print, audio, or Braille” should be featured more prominently in all the notices and not relegated to a chart on the last page. Also, as we have commented before, all notices and the choice booklet should contain a multi-language insert for limited English proficient communities.

We also wanted to take this opportunity to raise several other notice-related concerns.

Reports from the Cal MediConnect ombudsman, HICAP organizations, and other beneficiary advocacy groups consistently indicate that mailing the 60-day notice separately from the choice booklet and guidebook create increased beneficiary confusion. Combining those two mailings will reduce confusion as well as reduce the number of mailings beneficiaries are receiving about these changes. Combining the mailings also would be more efficient because HICAPs, who are already under-resourced, experience a wave of questions after receipt of the 60-day and another wave after receipt of the choice booklet and guidebook.

In addition, the ombuds and HICAP organizations have also reported concerns around the accuracy and standardization of the current translations of Cal MediConnect notices. Given DHCS’s relatively short timeline, we are interested in further details about the translation processes and, in particular, the quality controls being implemented, and we request heightened quality controls for this set of notices.

Finally, it was brought to our attention that the revised health plan choice form may not be available in alternative formats. If that is true, we urge DHCS take immediate steps to make the form fully accessible to individuals with sensory impairments as required under the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and California state law. While the actual execution of the choice is arguably accessible because someone who is visually impaired, for example, could call HCO to have their choice recorded, the revised notices themselves remain inaccessible because people with some disabilities cannot independently read and consider over time the information that is contained there. It is unacceptable to require people with disabilities to “make do” with the older untested and differently worded choice forms, which do not, for example, even identify picking a PACE plan as “Option C.”

Thank you again for the opportunity to submit our comments.

Sincerely,

Denny Chan and Amber Cutler
Staff Attorneys
National Senior Citizens Law Center